

STATE OF INDIANA

IN THE \_\_\_\_\_ CIRCUIT COURT

COUNTY OF \_\_\_\_\_

CAUSE NO. \_\_\_\_\_

IN RE THE MATTER OF:

\_\_\_\_\_  
Petitioner,

v.

\_\_\_\_\_  
Respondent.

**VERIFIED MOTION FOR FEE WAIVER**

The Petitioner now states:

1. I wish to file this action and I believe I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I live with the following persons who are over eighteen (18) years of age \_\_\_\_\_.
4. I live with the following persons who are **under** eighteen (18) years of age \_\_\_\_\_.
5. I am responsible for the financial support of the following people **who live in my household** \_\_\_\_\_.
6. The combined income of all persons I am responsible for supporting is \$\_\_\_\_\_ per month (**total from below**).

**Income Received Each Month (before taxes)**

Wages (\$_____ per hour x _____ hours per month)	\$ _____
Unemployment Compensation	\$ _____
AFDC/TANF Benefits	\$ _____
SSI/SSD Benefits	\$ _____
Child Support	\$ _____
Other (please describe)	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

7. We have \$\_\_\_\_\_ in the bank.
8. Our expenses total \$\_\_\_\_\_ per month. (**Total from below**).

### Monthly Expenses

Housing (Rent, Contract, or Mortgage)	\$
Utilities (Gas, Elective, Water, Phone, etc.)	\$
Food	\$
Child Care	\$
Medical Bills	\$
Transportation	\$
Insurance (Car, Medical, and/or Property)	\$
Child Support	\$
Other (please describe)	\$
<b>Total Expenses</b>	<b>\$</b>

**I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.**

**There is no other party to serve.**

**I affirm under penalties for perjury that the foregoing representations and statements are true.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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Respondent.

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